

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7	1					
8	1					
9	1					
10	1					
11		2				
12		(1)				
13	1					
14	1					
15		5				
16		4				
17		4				
18		4				
19		(1)				
20		1				
21		(1)				
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50						
TOTAL IND.	10					
TOTAL DEP.	34					
TOTAL CLAIMS	44					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						